

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091023884

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		0		3		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0				
11		0				
12		0				
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14		0				
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TOTAL IND.	1		2			
TOTAL DEP.	18		18			
TOTAL CLAIMS	19		20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						